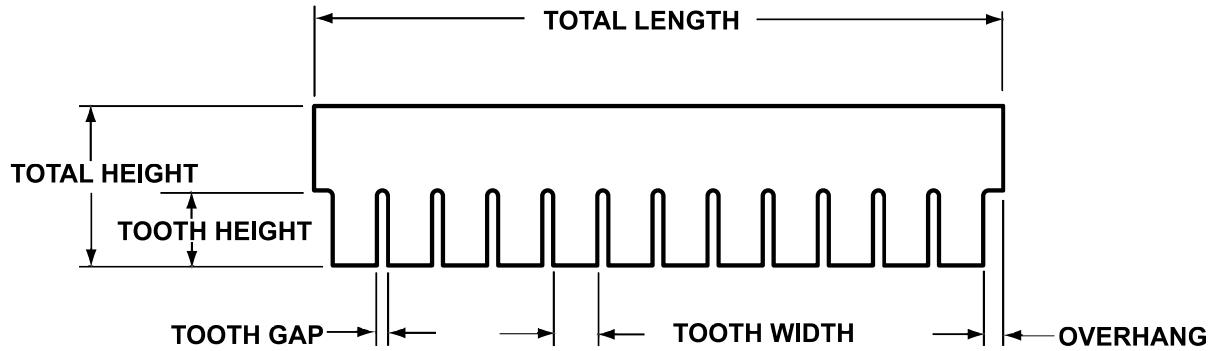


CUSTOM PROTEIN COMB



End User _____ Phone _____
 Company _____ Fax _____
 Email _____
 Owl Customer Service Rep _____ Proposal Number FOR OFFICE USE ONLY

Product: Owl Brand Other Brand
 Multi channel pipette format? Yes No 1X or 2X
 Quantity _____

OWL PRODUCT COMB LENGTH

Model No.	Max. Teeth	L (cm)
MP	15	8.5
P1	24	13.3
P2	30	17.1
P8DS	15	8.5
P9DS	24	13.3
P10DS	30	17.1
P81	15	8.5
P82	15	8.5

SIMPLE - for use with Owl products only

Owl Unit/Model Number _____
 Number of Teeth _____ Thickness _____ cm
 (thickness of 0.08cm is .03 in / thickness of 0.015cm is 0.060in.)

COMPLEX - for use with Owl and other brands

Material _____ cm _____ or add thickness _____
 Length _____ cm Height _____ cm
 Number of Teeth _____ Tooth Height _____ cm Tooth Width _____ cm (0.3 min.)
 Gap _____ cm (0.254 min.) Overhang _____ cm
 Spine Yes (if yes, please send detailed drawing) No

$$L = [(Number\ of\ Teeth) \times (Tooth\ W)] + [Gap\ (Number\ of\ Teeth - 1)] + 2\ (Overhang)$$

PLEASE: Only fill out those dimensions that are different from a standard comb. We will fill in the rest.